

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/018675** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		1				
5	1					
6		1				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13						
14						
15						
16						
17						
18						
19						
20					1	
21					1	
22					1	
23			1			
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42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	2		2			
TOTAL DEP.	12		10			
TOTAL CLAIMS	14		12			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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58								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS